

Agricultural Water Quality Division 94 Harvest Lane, Suite 203 - Williston, VT 05495 [phone] (802) 828-1702 [fax] (802) 828-1715 www.agriculture.vermont.gov

General Permit for Medium Farm Operations (MFO GP)

Annual Compliance Report

Reporting Period: Jan 1st—Dec 31th 20182019202020212022									
l. Perr	nittee Information								
Business Name: Farm Owner/ Operator:									
II. Ani	mal Information (List the	e maximum anim	al numbers for	each type listed fo	or <u>all facilities</u> associat	ted with the MFO)			
	Туре			Maximum Number of Animals for Previous 12 Months					
	[200-699] Mature Dairy Cows (Milkers / Dry Cows)								
	[300-999] Youngstock or Heifers								
	[300-999] Cattle and Cow/Calf pairs								
	[750-2,499] Swine (55 lb. or more)								
	[3,000-9,999] Swine (under 55 lb.)								
	[150-499] Horses								
	[3,000-9,999] Sheep or Lambs								
	[16,500– 54,999] Turkeys								
	[9,000-29,999] Chickens (w/liquid system)								
	[25,000-81,999] Chickens (w/out liquid system)								
	[1,500-4,999] Ducks (w/liquid system)								
	[10,000-29,999] Ducks (w,	out liquid system)							
b. c. d. l	a. If you are over the MFO threshold, have you applied for an LFO Individual Permit? Yes No b. Would you like more information about the LFO Program? Yes No c. In the past year, have you built or expanded a barn, barnyard, waste storage facility, or bunk? Yes No d. In the next year, do you plan to build or expand a barn, barnyard, waste storage facility, or bunk? Yes No III. Nutrient Management Plan and Land Application of Manure and other Wastes (previous 12 months) a. Did the farm keep manure, fertilizer, and crop yield records during this reporting cycle? Yes No b. Complete the acreage table below:								
D. 1	Complete the acreage ta		Hav	Docturo	Othor	Total			
	Owned Acres	Corn	Нау	Pasture	Other:	Total			
	Owned Acreage								
	Rented Acreage								
	Total Acreage								
с. І	c. Based on the above table, is this farm's NMP up-to-date (all lands that receive nutrients): Yes No 1. Current NMP written by:								

				_		
Total estima	ited amount of wastes generated for	or the previous 12	Liquid (gallons):			
months:			Solid (tons / ft ³):			
Total estima	ited amount of wastes imported fo	r the previous 12	Liquid (gallons):			
months:			Solid (tons / ft ³):			
Total estima	ited amount of wastes exported/tra	ansferred for the	Liquid (gallons):			
previous 12	months:		Solid (tons / ft ³):			
Total liquid	storage available (gallons):					
Liquid waste	generated/imported in 180 days (gallons):	(-)			
		Balance:				
Total semi-s	olid storage available (tons / ft ³):					
Semi-solid w	vaste generated/imported in 180 d	ays (tons / ft ³):	(-)			
		Balance:				
Date	Location		Description	Volume		
If yes, prov	vide a summary of each discharge o	f waste from the pr	oduction area(s) that occurred during the	12-month period		
covered by	this report. Attach additional shee	ts if necessary.				
		ge was detected af	ter it happened, give an estimate of the da	te when the		
	narge occurred. The location of the discharge to wat	ers of the state. Be	specific Include the name of the water he			
	_		specific, include the name of the water of	ody and a		
B		tered the water bo	dy. Include landmarks or other points of re	eference.		
-		tered the water bo		eference.		
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A complete and accurate Annual Compliance Report must be submitted by <u>April 30</u> each year to: